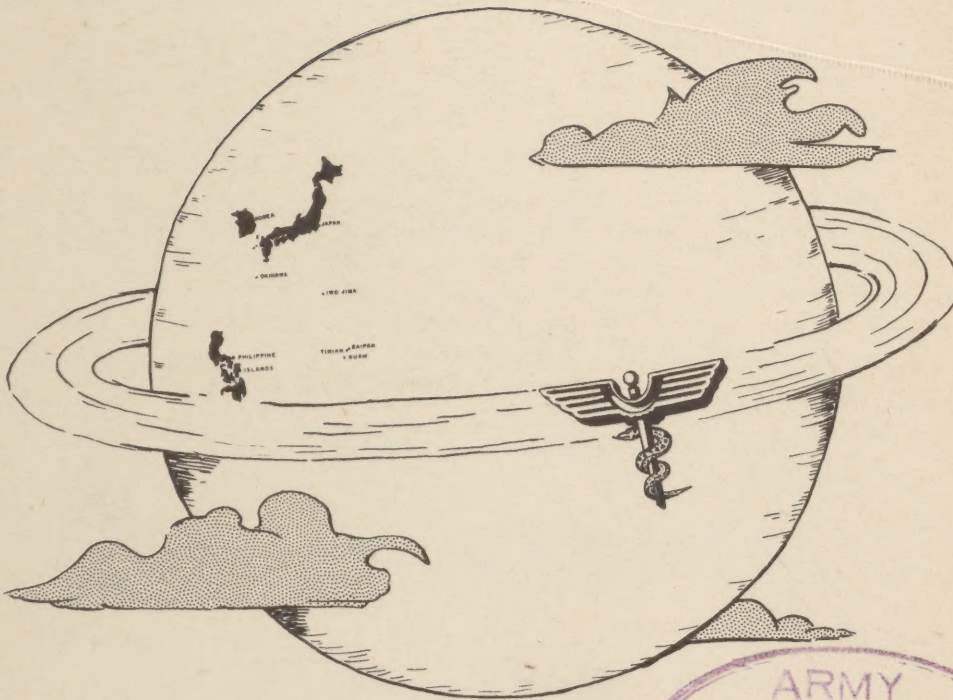


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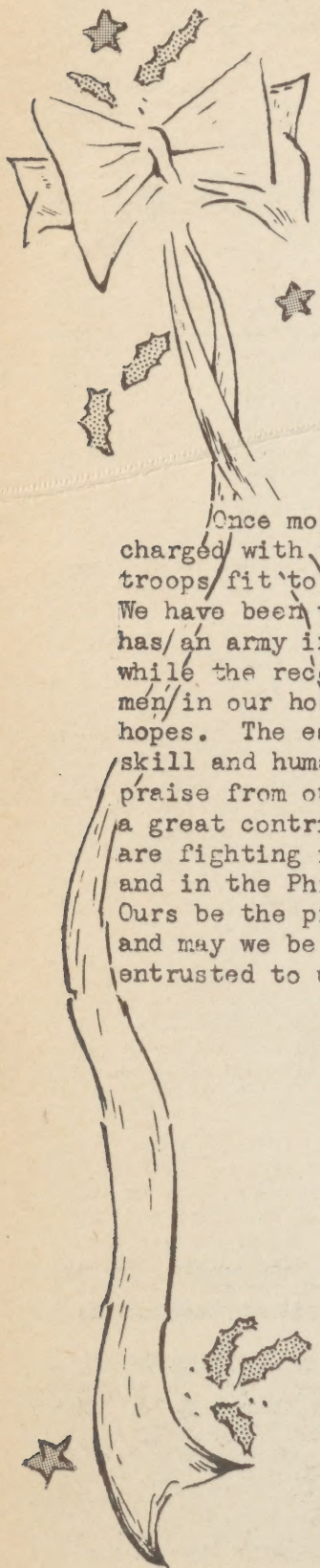
A FAR EAST PERIODICAL OF MEDICAL DEPARTMENT INFORMATION

SURGEON'S CIRCULAR LETTER

RESTRICTED

Merry Christmas

Happy New Year



GENERAL HEADQUARTERS
UNITED NATIONS COMMAND

25 December 1950

Once more our country has a war Christmas. The Medical Service is now charged with the heavy responsibility of playing its major part in keeping our troops fit to fight, and in caring for those who have been injured or are ill. We have been vouchsafed great success in both of these duties. Never before has an army in campaign had such excellent results in preventing disease, while the recovery rates of United Nations' wounded soldiers, sailors, and air-men in our hospitals and other installations has exceeded our most sanguine hopes. The earnest men and women of all ranks whose hard work, scientific skill and humanitarian ideals have brought this about, have received high praise from our military and technical superiors. Morale has been raised and a great contribution to the cause of democracy for which the United Nations are fighting in Korea continues to be made. In Japan, in Okinawa, in Guam, and in the Philippines all medical personnel are united in one mighty effort. Ours be the prayer for guidance and strength at this mid-century Christmastide, and may we be given to know how best to continue the Great Task which has been entrusted to us.



Edgar Erskine Hume
EDGAR ERSKINE HUME
Major General
Chief Surgeon

GENERAL HEADQUARTERS
FAR EAST COMMAND
MEDICAL SECTION

SURGEON'S CIRCULAR LETTER

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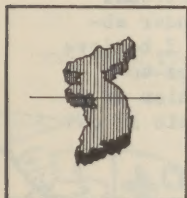
NO. 12

1 December 1950

PART IADMINISTRATIVE

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I. Battle Front - Major General Raymond W. Bliss, The Surgeon General, Department of the Army,
November 1950



One part of our Army is the Army Medical Service with its doctors, nurses, the corps men affectionately referred to as "Medics" and the great numbers of other medically trained women and men.

Perhaps two things distinguish our Medical Service from the rest of the Army.

While the Army as a whole seeks to destroy - our mission is to preserve and save lives. We are at war all the time even in peace - a war against disease and injuries, a war for the preservation of health. In actual war we find ourselves practising our peacetime mission on a much larger scale and under most adverse conditions - often as in Korea in the mud and in a disease ridden country and with the enemy trying to kill you while you are at work. In our special preparation for war our medical personnel among other things receive training at our Field Medical Training Center at San Antonio, Texas, the largest institution of its kind in the world.

I have recently returned from an extended trip to Korea and Japan where I visited all of our hospitals at the front and in the rear. I saw at first hand the medical care that our troops were receiving. I saw the patients brought from the front lines on litters. I went with them in jeeps, helicopters, hospital trains and evacuation planes. I saw our doctors, nurses and other medical service personnel in their mission of selfless service to others. I saw them performing their mission superbly with the most appreciative patients a doctor could have.

I have seen the results of this remarkable over all Medical Service. Korea has many diseases. In the past that country has been the starting point of many of the most serious world-wide epidemics, cholera, typhus and smallpox among others. Dysentery, typhoid, smallpox and tetanus are an every day occurrence among the Koreans today. As a result of the advances in sanitation and the Army educational program where we teach that health has no secrets, and as a result of our vaccinations, we have had no incidence in the diseases which we immunize against. For example, we have not had one case of typhoid, tetanus or smallpox. This is all the more remarkable if one realizes that there is not one drop of potable water in Korea - except the water we have treated and made potable.

No less remarkable are the results our doctors and nurses are achieving in saving the lives of our wounded comrades. In World War I, eight patients out of every 100 who reached our hospitals died. In World War II, four to five patients died. In Korea, while it is too early to know the precise mortality rate - we are presently saving the lives of 99 out of every 100 wounded patients. We are having only one-fourth the number die who died in World War II, and the World War II record was the best in recorded history.

I have seen many of the wounded men in our hospitals here in the States. It is the opinion of our doctors in this country that these Korean wounded are being returned in excellent condition - far superior to the condition of the wounded returned in World War II. This is due to the advancement in medicine since World War II and to the training which our doctors and nurses have received in studying and practising these advancements. It is further due to our having been able to transport these doctors and nurses at the immediate onset of the activities in Korea by air to their proper battle stations.

In Tokyo it was more than pleasing to have General MacArthur tell me that the medical service in this his 17th campaign was the best he had ever seen.

It is the birthright of medicine to help others who need help. I am proud that the Army Medical Service is fulfilling this birthright so splendidly.

II. Emotional Characteristic of North Korean and Chinese Troops Analyzed

The following note is published herein as a matter of interest. It was forwarded to the Chief of Psychiatry and Neurology Consultants Division, Surgeon General's Office, Department of the Army, by Major General R. O. Shoe, Deputy Commandant, Armed Forces Staff College.

"I note in newspaper accounts of combat in Korea statements regarding the hysterical laughter of North Korean and Chinese troops. This laughter is not an indication of self-confidence or elation on the part of these people. During my more than three years' experience in Korea, I noted that whenever a Korean native was frightened or emotionally upset the manifestation of this state was exhibited by an hysterical laughter. It is my considered opinion that this hysterical laughter is a racial and conventional manifestation of an emotional upset. When the Korean is unsure of himself or under abnormal stress, his reaction is very likely to result in uncontrolled laughter. I believe that to attribute the reported laughter of the attacking Chinese or Korean troops to elation or confidence is wrong as I am fully convinced that this is a manifestation of fear and uncertainty and that our troops should be informed of this characteristic of our enemy."

III. Awards to Army Medical Service Personnel

The following additional Army Medical Service personnel have been awarded the Air Medical, Silver and Bronze Star Medals for exceptional bravery in face of the enemy and meritorious service in the Korean situation.



Col Thomas N. Page, MC, Air Medal
Lt Col Wm. A. Hamrick, MSC, Air Medal
Lt Col Wm. S. Moore, MC, First Bronze
Oak Leaf Cluster to Air Medal

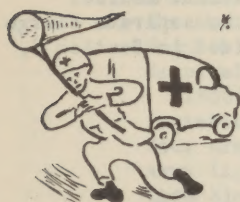
Capt Warren H. Brune, MC, SS
Sgt Donald J. Little, AMS, SS
Cpl Terry Mullen, AMS, SS
Sgt Ernest A. Sarianides, AMS, SS
Cpl Eddie M. Brooks, AMS, SS
Cpl Tommy M. Hallums, AMS, SS
Cpl James W. Messinger, AMS, SS
Cpl Robert L. Poffinberger, AMS, SS
Cpl Eugene Schofield, AMS, SS
Pfc Lewis R. Darling, AMS, SS
Pfc Allen J. Gifford, AMS, SS
Pfc Richard A. Roberts, AMS, SS
Pfc Paul Wildberger, AMS, SS
Maj Oren C. Atchley, MSC, BSM
Capt Henry C. Bailey, MSC, BSM
Capt Paul A. Carlson, MC, BSM
Capt Herman R. Hansen, MC, First Bronze Oak Leaf Cluster
to BSM with "V" Device
Capt William C. Hedberg, MC, BSM
Capt Gene E. Larn, MC, BSM, "V" Device

Capt R. A. MacNaughton, MC, BSM, "V" Device
Capt Sigurd E. Siverston, MC, BSM
1st Lt Alfred J. Coignet, Jr., MSC, BSM
1st Lt Earl C. Cunningham, MSC, BSM
1st Lt C. A. McPhail, MSC, BSM, "V" Device
1st Lt Robert E. Wolf, MC, BSM
M/Sgt Dee D. Jackson, AMS, BSM
SFC Albert H. Basler, AMS, BSM
SFC James E. Davis, AMS, First Bronze Oak
Leaf Cluster to BSM
SFC Thomas J. W. Mayfield, AMS, BSM
SFC Theodore J. Valention, AMS, BSM
Sgt Clifton J. Alderman, AMS, BSM
Sgt James W. Barr, AMS, BSM
Sgt Curtis R. Brewington, AMS, BSM
Sgt Hernando C. Farmer, AMS, BSM
Sgt D. W. Green, AMS, BSM, "V" Device
Sgt Frank E. Herring, AMS, BSM
Sgt G. M. Holbrook, AMS, BSM, "V" Device
Sgt Eddie F. Hudson, AMS, BSM
Sgt Norbert C. Kahn, AMS, BSM
Sgt Kenneth D. Mills, AMS, BSM, First Oak
Leaf Cluster to BSM
Sgt R. L. J. Pelletier, AMS, BSM, "V" Device

Sgt Mounty Trammel, AMS, BSM
 Sgt Frank J. Willis, AMS, BSM
 Sgt Thomas H. Wimberly, AMS, BSM
 Cpl Robert S. Ashmore, AMS, BSM, "V" Device
 Cpl Stephen H. Blasik, AMS, BSM
 Cpl Clarence Cook, AMS, BSM
 Cpl Lumis J. Drasky, AMS, BSM, "V" Device
 Cpl James T. Edwards, AMS, BSM
 Cpl Andres J. Floyd, AMS, BSM "V" (Posthumously)
 Cpl Charles E. Fox, Jr., AMS, BSM "V" Device
 Cpl Dick G. Funsch, AMS, BSM "V" Device
 Cpl Carl Gibson, AMS, BSM
 Cpl Walter V. Grismore, AMS, BSM
 Cpl Crawford Haney, AMS, BSM, "V" Device
 Cpl Alberto Hernandez, AMS, BSM
 Cpl William D. Iler, AMS, BSM, "V" Device
 Cpl R. D. James, Jr., AMS, BSM, "V" Device
 Cpl Leroy L. Lewis, AMS, BSM
 Cpl Pavelo B. Lopez, AMS, BSM, "V" Device
 Cpl Christopher J. Simmons, AMS, BSM
 Cpl Elliot H. Sinclair, AMS, BSM, "V" Device
 Cpl Joseph R. Thorsen, AMS, BSM
 Cpl William L. Timmons, AMS, BSM
 Cpl W. M. Williams, AMS, BSM
 Cpl Edward N. Wilson, AMS, BSM
 Cpl Billie L. Worthington, AMS, BSM
 Pfc Charles V. Biele, AMS, BSM

Pfc Charles A. Chew, AMS, BSM, "V" Device
 Pfc Ray Cline, AMS, BSM
 Pfc Byron D. Curren, AMS, BSM
 Pfc Max O. Davis, AMS, BSM (Posthumously)
 Pfc Leslie G. Edwards, AMS, BSM
 Pfc Joseph F. Fabrizio, AMS, BSM, "V" Device
 Pfc Bruce Francis, AMS, BSM, "V" Device
 Pfc Edward J. Fulk, AMS, BSM
 Pfc Harold P. Gordon, AMS, BSM, "V" Device
 Pfc Clarence F. Hennessey, AMS, BSM, "V" Device
 Pfc Donald L. Jefferson, AMS, BSM
 Pfc Leo Leasure, AMS, BSM, "V" Device
 Pfc Satsur Nakasano, AMS, BSM
 Pfc Jack D. Noble, AMS, BSM, "V" Device
 Pfc Richard E. Overby, AMS, BSM, "V" Device
 Pfc Alfred G. Perce, AMS, BSM
 Pfc Raymond Robinson, AMS, BSM
 Pfc Manuel Rosales, AMS, BSM, "V" Device
 Pfc William C. Spath, AMS, BSM
 Pfc Melburn G. Tonnemacher, AMS, BSM, "V" Device
 Pfc Charles R. Vaade, AMS, BSM
 Pfc Bobby L. Woods, AMS, BSM, "V" Device
 Pfc J. W. Young, AMS, BSM, "V" Device
 Pvt Gordon R. Bittell, AMS, BSM, "V" Device
 (Posthumously)
 Pvt Maynard E. Evans, AMS, BSM, "V" Device
 Pvt Roger E. Preston, AMS, BSM, "V" Device

IV. New Type of Army Medical Company in Korea



A preventive medicine unit of company size has arrived for duty with the Eighth Army in Korea. Successor to the malaria survey and malaria control detachments which played key roles in the Southwest Pacific and elsewhere during World War II, the new company has functions beyond the scope of previous units of this type. In addition to malaria control and survey, the units will be responsible for inspections of field sanitary conditions and control of insect-borne, water-borne and other diseases. When acting in support of combat troops, these companies will operate as far forward as necessary to accomplish their mission.

This new preventive medicine company is composed of six officers, one warrant officer and 59 enlisted men. Officer personnel are qualified entomologists or sanitary engineers and the enlisted men have had training in one or more phases of preventive medicine.

The preventive medicine company is composed of a headquarters section, to accomplish command and administrative work, and a preventive medicine service subdivided into a hygiene and sanitation section, survey section and three control sections.

The hygiene and sanitation section investigates water points, waste disposal, troop shelter, bathing and laundering facilities, mess sanitation, contamination of food or water and adequacy of clothing. The survey section inspects sanitary discipline in other units, determines the incidence and distribution of insect-borne and similar diseases and checks on the origin of cases of these diseases admitted to hospitals in its area. The control section furnishes technical supervision for work details engaged in sanitary control measures, and also conducts on-the-job training of soldiers in insect and rodent control measures, and recommends corrective measures for other units.

V. Commendation

Letter, Medical Section, GHQ, FEC, file 201.22 (30 Nov 50)MD-A, subject: "Commendation by Secretary of the Army", dated 30 November 50 is quoted:

"1. As a result of the official report made to the Secretary of the Army by Surgeon General Bliss after his visit to Japan and Korea in September and October, the Secretary of the Army has

addressed the following to The Surgeon General:

'1. I have read your report on the performance of the Army Medical Service in the Far East and note with particular pleasure the fine achievement of medical personnel in their professional field. The impressive record obtained in life-saving efforts and attainment of extremely low incidence of disease in Korea is one which merits the highest praise.

'2. I desire that you transmit to all personnel of the Medical Service my sincerest appreciation of a superior accomplishment in the field of military medicine.

/s/ Frank Pace, Jr.
FRANK PACE, JR.
Secretary of the Army'

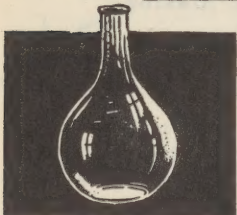
"2. It is with pride and pleasure that these words of the Secretary of the Army are transmitted to all personnel of the United States Army Medical Service, as he has directed.

EDGAR ERSKINE HUME
Major General
Chief Surgeon"

VI. Pay Patients

Pending revision of AR 40-506 and Section 1, SR 40-590-47, beneficiaries of State Department and Economic Cooperation Administration are authorized outpatient treatment at the expense of State Department or ECA funds only when such outpatient treatment is incident to hospitalization; that is, outpatient treatment of illness or injury which requires or required in-patient medical care. When dental care and spectacles are furnished as a part of hospitalization, no separate charge will be made. All other outpatient treatment will be at patients' expense as provided in Section 2, SR 40-590-47.

VII. Modification of Physical Examination Requirements



The following radio message, WCL 28481, 26 November 1950, from the Department of the Army, is published for the information of personnel concerned:

"Effective immediately all reference to blood serology test will be deleted from scope of physical examination for officers and warrant officers taken annually and/or on permanent promotion in RA unless need for such test is indicated."

VIII. Neuropsychiatric Treatment Stations - Training ORC Bulletin, Brooke Army Medical Center, Fort Sam Houston, Texas

In conformance with the principle of military neuropsychiatry of treatment as far forward as possible, it is planned to provide psychiatric treatment in the forward army service areas through Neuropsychiatric Treatment Stations which are separate clearing companies, augmented by psychiatric detachments (T/O&E 8-500). Such detachments usually will be allocated to each Army on the basis of one per corps. These psychiatric detachments will be composed of Psychiatrists (MOS 3129), Clinical Psychologists (MOS 2232), and Psychiatric Social Workers (MOS 3605) together with enlisted technicians. By means of these teams, which have their own transportation, psychiatric treatment can be made available at points of greatest demand for this type of medical service.

IX. Motion Pictures and Film Strips

The following Army motion picture films and film strips listed in SR 110-1-1, Supplement No. 1, 28 September 1950, are listed herein as a matter of ready reference:

MEDICAL - Army Wide Use

First Aid: Life Blood of the Nation, AFSR 116 (10 min. - 1950)

Disease Control:

Stowaway - Part III: Food Storage, TF 8-1503 (13 min. - 1949)

Time Out: Occupational Therapy in Tuberculosis, PMF 5116A (26 min. - 1949)

Anatomy and Physiology:

Fractures - An Introduction, TF 8-1586, (27 min. - 1949)

The Medical Effects of the Atomic Bomb - Part I: Physics, Physical Destruction, Casualty Effect, PMF 5058 (color; 32 min. - 1950)

The Medical Effects of the Atomic Bomb - Part II: Pathology and the Clinical Problem, PMF 5148 (color; 37 min. - 1950)

The Medical Effects of the Atomic Bomb - Part III: Medical Services in Atomic Disaster, PMF 5149 (color; 28 min. - 1950); PMF 5162 (4 min. - 1949); PMF 5166 (color; 10 min. - 1949)

PROFESSIONAL:**Hospital and Field Service:**

Medical Supply - Armed Forces: TF 8-1639 (25 min. - 1950)

The Medical Examination - Part I: Importance: TF 8-1536 (19 min. - 1949)

The Medical Examination - Part III: Examination: TF 8-1538 (17 min. - 1950)

Hospital Food Service Personnel Training - Part I: Introduction: TF 8-1575 (17 min. - 1949)

Hospital Food Service Personnel Training - Part II: The Individual: TF 8-1576 (13 min. - 1950)

Logistics in Reverse: PMF 5105 (color; 13 min. - 1949)

Your Army in Disaster Relief: Misc. 7546 (17 min. - 1949)

Army Light Aviation: TF 20-1511 (20 min. - 1949)

Life Blood of the Nation: AFSR 116 (10 min. - 1950)

The Medical Examination - Part II: History: TF 8-1537 (17 min. - 1950)

Rehabilitation and Physical Medicine:

PMF 5116A (26 min. - 1949)

Neuropsychiatry and Neurology:

Neurolysis of Ulnar Nerve in the Lower Arm: PMF 5099 (color; 8 min. - 1949)

Hereditary Ataxia: PMF 5140 (color; 31 min. - 1949)

Professional Medical, Surgical, and Dental:

Inside the Cell - Part I: PMF 5077A (color; 40 min. - 1949)

Neurolysis of Ulnar Nerve in the Lower Arm: PMF 5099 (color; 8 min. - 1949)

Ulnar Nerve and Soft Tissue Defect and Simultaneous Repair in the Forearm: PMF 5133 (color; 10 min. - 1950)

Arterial Disorders in the Upper Extremity and their Treatment by Sympathectomy: PMF 5103 (color; 30 min. - 1950)

Radioactivity - Laboratory Demonstrations: PMF 5110 (color; 17 min. - 1949)

Atomic Medical Cases - Japan - World War II: PMF 5143 (37 min. - 1949 - restricted)

Cushing's Experiment in the Dog: PMF 5111 (color; 14 min. - 1949)

Respiratory Reflexes Demonstrated in the Rabbit: PMF 5112 (color; 13 min. - 1949)

Rickettsiae - Laboratory Procedure for their Isolation and Identification: PMF 5114 (color; 47 min. - 1949)

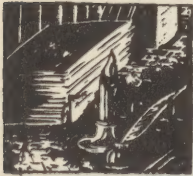
Benign Dental Tumors: PMF 5136 (color; 29 min. - 1950)

Hereditary Ataxia: PMF 5140 (color; 31 min. - 1949)
 The Operation of Valves of an Ox Heart: PMF 5162 (4 min. - 1949)
 Typhoid Vaccine Research: PMF 5165 (12 min. - 1950)
 Electrocardiography: PMF 5166 (color; 10 min. - 1949)
 Experimental Thiamin Deficiency: PMF 5169 (3 min. - 1950)
 Heart - Lung Preparation: PMF 5170 (color; 17 min. - 1950)
 Gelfoam in Surgery: PMF 5175 (color; 27 min. - 1949)
 Time Out: Occupational Therapy in Tuberculosis: PMF 5116A (26 min. - 1949)
 Method of Repair of Posterior Tibial Nerve: PMF 5132 (color; 10 min. - 1949)
 The Medical Examination - Part II - History: TF 8-1537 (17 min. - 1950)
 Typhoid Vaccine Research: PMF 5165 (color; 12 min. - 1950)

Veterinary Service:

Stowaway - Part III: Food Storage: TF 8-1503 (13 min. - 1949)
 Veterinary Service with Army Animals - Part II: Evacuation and Treatment: FB 223 (25 min. - 1949)
 Veterinary Food Inspection Service - Part II: Theater of Operations: FB 228 (15 min. - 1949)
 Veterinary Service with Army Animals - Part III: Injuries and Diseases of Army Animals
 World War II: FB 225 (30 min. - 1949)

X. Recent Department of the Army and FEC Publications



AR 40-506, 9 Oct 50: Medical Service - Persons Eligible to Receive Medical Care at Army Medical Treatment Facilities

AR 40-90, 23 Oct 50: Medical Service - Veterinary Corps - General Provisions

AR 40-905, 23 Oct 50: Medical Service - Veterinary Service for Public Animals

AR 40-960, 23 Oct 50: Medical Service - Veterinary Forage Inspection

AR 40-980, 23 Oct 50: Medical Service - Veterinary Hospitals

AR 40-470, 24 Oct 50: Medical Service - Tropical Research Medical Laboratory

SR 40-940-5, 23 Oct 50: Medical Service - Communicable Diseases of Animals

SR 40-210-20, 6 Nov 50: Medical Service - Influenza Detection and Report

T/O&E 8-500, C-1, 8 Sep 50: Medical Service Organization

T/O&E 8-565, C-1, 8 Sep 50: Station Hospital, 300-Bed, Communications Zone

T/O&E 8-57, C-1, 15 Sep 50: Medical Holding Company

PART II

TECHNICAL

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XI. Epidemic (Louse-Borne) Typhus Fever



Epidemic (louse-borne) typhus fever has not been a major problem in Japan in recent years although several hundred cases were reported among the vagrant population of Tokyo and Yokohama during the winter of 1949 and 1950. In Korea the control of this disease has been less effective and there is a real possibility of a recurrence of typhus in epidemic proportions there this winter. The probability of this occurrence is enhanced by the impaired living and sanitary condi-

tions, over-crowding and the large refugee population incident to the present hostilities. While U. S. military personnel are afforded a large degree of protection from this disease by measures to prevent louse infestation and through typhus vaccination, the possibility of the occurrence of typhus fever in this group must not be ignored.

Epidemic (louse-borne) typhus fever is caused by Rickettsiae prowazeki and transmitted by infected body lice. It is usually characterized by an abrupt onset of general malaise, chilling, headache, weakness, and elevation of temperature. The classical temperature curve shows some variations of fever for the first few days but with the rise to a plateau after the third or fourth days with levels of 101 to 105 degrees F. being maintained for two weeks or longer in unmodified cases. The headache increases in severity and persists during this time and is one of the most constant and outstanding symptoms. Partial deafness attended by ringing in the ears is also a common complaint. In the great majority of cases a generalized rash appears toward the end of the first week of illness. Characteristically this rash is first noted on the trunk and then spreads rapidly over the entire body, except the face, palms and soles which are involved only in the most seriously ill patients. It is at first maculopapular in nature, rosy red in color and blanches on slight pressure. As the disease progresses, the rash characteristically becomes dark red to brown in color and fails to blanch on pressure. In the more severe cases, petechiae or frank hemorrhages in the skin may be observed with confluence of the eruption in some instances. Injection of the bulbar conjunctivae is a common sign. The blood pressure tends to be low and the pulse rate high. Gallop rhythm is not uncommon in the severely ill. The leukocyte count is usually low in the first phase of illness ranging from 2,000 to 8,000 cells per cubic mm. The differential count is not characteristic except for the absence of eosinophils. As the disease progresses, the leukocyte count may return to normal levels and even become elevated in the presence of secondary bacteriological complications. The red cell count and hemoglobin are usually low throughout the course of the illness. Urinalysis usually reveals a high specific gravity, moderate albuminuria, the presence of moderate numbers of red blood cells, and the presence of nitrogen retention, granular casts.

In vaccinated individuals, the nature and course of the disease tend to be considerably modified. The fever in such patients is usually not as high as in the unvaccinated and lasts for a shorter period of time. The rash may be considerably less pronounced than in the unmodified cases or may fail to appear.

During epidemics the symptoms and physical findings usually provide a clue to the correct diagnosis. In the Far East where typhoid is present this must be taken into account. The roseolus rash of typhoid may be quite extensive with petechia. However, typhoid is rarely acute in onset. The pulse is generally slow with a leukopenia, positive cultures of the blood, urine, and feces during the first week and positive Widal after the first week. Meningococcemia may simulate typhus early. However, the rash is usually a rapid appearing, confluent, hemorrhagic affair, rarely involving the face. Headache and malaise are common in the two diseases.

Bacterial endocarditis is more insidious in its onset but may exhibit similar signs and symptoms. Other disease entities to be differentiated are influenza, pyelitis, bronchial pneumonia, undulant fever and military tuberculosis. Relapsing fever may simulate typhus by its rapid onset, fever, tachycardia, rash, and central nervous system symptoms. However, relapsing fever may drop to normal by crisis in from the third to sixth day. However, in this disease a chill and fever usually appear again on about the 14th day of the disease. The finding of the organism in the blood gives the proper diagnosis.

In sporadic cases or at the outset of an epidemic, specific laboratory procedures are essential to establish the diagnosis. Every effort should be made to obtain such laboratory confirmations on all cases of suspected typhus fever in military or other occupation personnel.

Specific laboratory confirmation of the disease consists of the demonstration of an increase in antibodies measured by (1) the Weill-Felix reaction; (2) complement fixation, or (3) rickettsial agglutination by comparison of paired serum specimens. The Weill-Felix reaction characteristically shows development of a high agglutinating titer against Proteus OX-19 bacillus, a low OX2, and a negative OXK titer. The complement fixation test is used to measure specific antibodies against an antigen prepared by special treatment of suspensions of Rickettsiae prowazeki. The rickettsial agglutination test measures agglutinating antibodies against washed suspensions of this same organism.

The Weill-Felix reaction can sometimes be demonstrated earlier than the 12th day of the disease but in general appears about that date. The rickettsial agglutination antibodies are best shown after the 15th day of the disease and the complement fixing antibodies after the 21st day. In general, therefore, when laboratory confirmation of presence of the disease is desired, a 10 cc specimen of whole blood should be collected (1) early in the first week, (2) at the middle of the

second week and (3) late in the third week of the disease. Each blood specimen should be placed in a stoppered and sealed sterile test tube or screwcap container without preservative or anticoagulant and forwarded by the most expeditious means practical to the 406th Medical General Laboratory, APO 500. Each specimen should be accompanied by duplicate laboratory slips indicating patient's name, rank, serial number, organization, name of submitting institution, suspected diagnosis, date of onset of illness, and date of collection of specimen. Slips accompanying the subsequent specimen should include the notation "Second Specimen", or "Third Specimen" for necessary correlation with material forwarded earlier.

On admission all patients and clothing should be dusted with DDT delousing powder. All clothing in the patient's possession on admission should be burned, disinfested with DDT powder, or heat sterilized. It is imperative that adequate supportive measures and nursing care be provided. These patients tend to become dehydrated rapidly and fluid balance should be maintained. Where restlessness or delirium are present paraldehyde or chloral hydrate are the sedatives of choice. Codeine may also be used for the relief of headache which at times may be a very distressing symptom.

Favorable response with either aureomycin or chloramphenicol have been reported. In the Japanese outbreak of epidemic typhus occurring early in 1950 where aureomycin and chloramphenicol were used, the former appeared to be the drug of choice. The current recommended dosage of aureomycin is 2 grams daily for two days, followed by 1.5 grams daily for 2 days. Chloramphenicol dosage recommended is 3 grams daily for three days, followed by 2 grams for one to two days. A limited amount of intravenous aureomycin is available in the Medical Consultant's office, GHQ, FEC.

Suspected or proven cases of epidemic (louse-borne) typhus fever in military or occupation personnel should be reported immediately to the Chief Surgeon, Far East Command. Reports Control Symbol MED-16 applies.

TB MED 218 and "Viral and Rickettsial Infections of Man" by Rivers may be consulted as further references.

XII. Blood Bank Operation



Prior to the onset of hostilities in Korea certain few hospitals in Japan, qualified to engage in definitive surgical care, collected blood from their respective donor lists for use on specific cases in accordance with AR 40-1715. Tokyo Army Hospital and Osaka Army Hospital maintained small blood banks in amounts sufficient to meet their own needs. On 3 July it became apparent that participation of U. S. forces in the Korean conflict required an immediate implemented plan for centralized control and supply of whole blood in large amounts. The 406th Medical General Laboratory was given the mission of preparing and operating such an installation. From personnel assigned to other duties in that laboratory a unit was formed for this purpose. At a later date (17 August 1950) the 8090th Blood Bank Laboratory Detachment was organized as a TD unit attached and subsequently assigned to the 406th Laboratory for this specific mission.

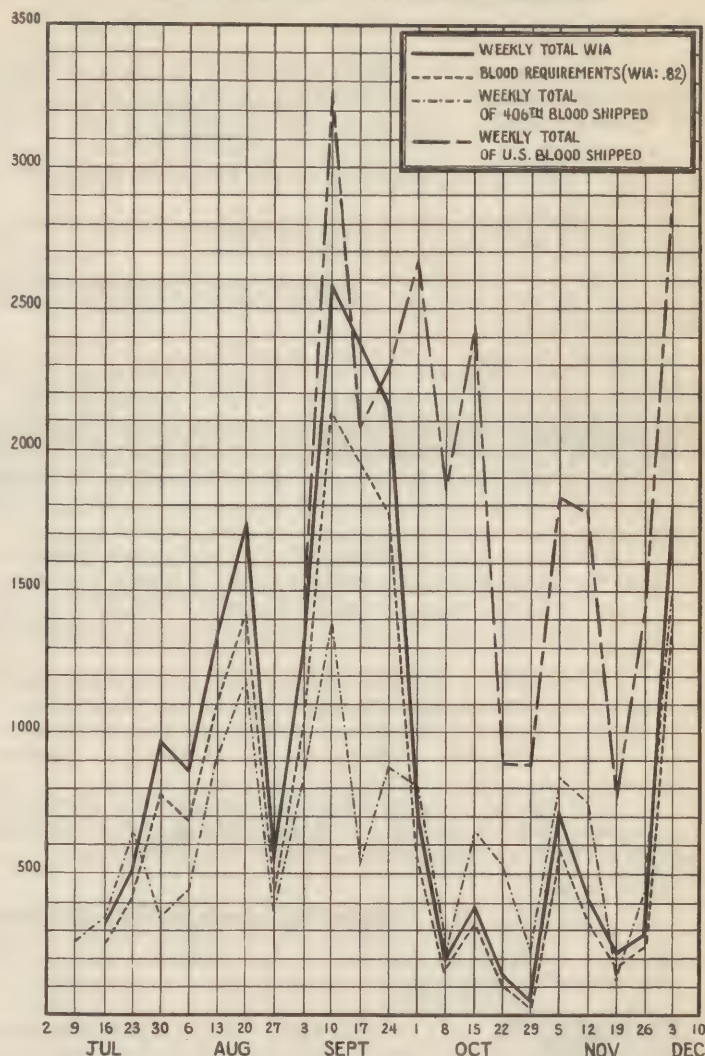
The 406th Blood Bank was organized originally to consist of: (a) a Collecting and Processing Center in Tokyo. (b) An Advance Blood Bank Depot at Fukuoka. (c) A Transportation and Courier Section. (d) Blood Bank Sections as an organic part of Medical Supply Depots in Korea. On 7 July actual blood bank operations began and that night the first shipment of 69 bottles of "O" blood was made direct to the 8054th Evacuation Hospital which was opening in Pusan on that date. Special railway cars were designed and equipped to provide an initial means of transporting blood to the Advance Blood Depot. Later airlift was utilized, except when weather conditions required revision to the originally prepared methods. Air Force cooperation in such shipments has been outstanding in routine and all emergency instances.

Considering the size of the potential donor panel in the Tokyo-Yokohama area, it was felt that local procurement could guarantee no more than 100 pints of blood per day. Policy at that time prohibited the use of Japanese donors but, fortunately, donations were received from non-combat troops of Army, Air Force, Navy, and Allied Forces, civilian employees of the Armed Forces, commercial entrants, foreign nationals, other than Japanese, and adult dependents of these groups. Local Red Cross agencies furnished a volunteer corps to assist in donor procurement and donor care. Approval was received 28 September to begin drawing donors from Japanese sources.

When it became clear that a relatively large force would be required for accomplishment of the military mission in Korea it was realized that the local panel would not be capable of supplying sufficient blood to meet expected needs. Based on projected troop strength and tactical employment, an estimate of blood requirements was prepared and request was made to the ZI for supply of phased amounts of blood over and above that locally available. This original estimate showed a gradual increase to approximately 320 pints per day by 30 October, with a gradual decrease reaching an estimated stationary requirement from 30 November on of approximately 200 pints per day. The plan as originally activated called for receipt and shipment of group "O" blood from the ZI by the established Medical Supply Depot in Yokohama. In general, that source would supply Korea and the 406th Blood Bank would continue the supply of group and Rh specific blood to meet requirements of fixed medical installations in Japan. The first blood from the ZI arrived o/a 30 August. It was subsequently decided that there should be a complete integration of blood from both sources with the 406th Laboratory responsible for complete control of estimated requirements, requisitions from ZI, local procurement, storage, and supply to depots in Korea and to using units. This was accomplished 24 October.

The original long term estimate of blood requirements has undergone numerous revisions reflecting sudden and marked alterations in the tactical situation, such as the relatively unopposed landing at Inchon, the sudden collapse of North Korean resistance, and the recent entrance of Chinese Communist forces into the war. (See adjacent chart) In addition to these major variations in blood requirements there has been the expected wide variation immediately reflecting daily changes in the tactical situation. Local procurement has been utilized in general to reflect the greater part of such variations and to serve as an emergency means of immediate procurement of increased amounts of blood pending receipt of such increased amounts from the ZI. Local collections have varied from weekly averages of 40 bottles per day to a high of approximately 450 bottles per day during the week of 7 December. Total amounts received from both sources as of 3 December 1950 is 37,485.

SUPPLY OF WHOLE BLOOD



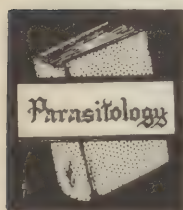
XIII. Parasitological Report on Korea - From Department of Medical Zoology, 406th Medical General Laboratory, Tokyo, Japan

An epidemiological survey of intestinal and blood parasites was made in August 1948 on 919 individuals in the following population centers of five South Korean provinces and Cheju Do (island):

Seoul
Anvang
Ch'unch'on

Taejon
Kwangju
Mokp'o

Taeju
Pusan
Cheju Do



A total of 94.5% were infected with one or more parasites; 94.2% with helminths and 33.4% with protozoa.

Ascaris, 82.4%, and whipworm 81.1%, were the most prevalent parasites; whipworm dominated in five of the nine localities.

Hookworm was found in 46.5% of those examined and Trichostrongylus sp. in 23.6%. For the latter, the rate approached 50% in three localities. The incidence of hookworm was 73.4% at Pusan and 54.8% at Taegu. Strongyloides stercoralis was seldom encountered.

Pinworm was detected in 20.2% of 84 children examined by the Graham Scotch Tape technique.

The incidence of C. sinensis was 7.1% with high rates of 41.1, 16.0 and 11.1 percent at Taegu, Pusan and Kwangju, respectively.

Schistosomiasis was not encountered and the incidence for paragonimiasis by stool was approximately 1%.

The incidence percentages for the various protozoa were: E. histolytica, 5.0; E. coli, 27.1; E. nana, 8.3; I. butschlii, 0.8; G. lemblii, 3.5; and C. masnili, 1.1. The occurrence of E. histolytica was over 8% in two places.

Ascaris and whipworm burdens seemed to be somewhat higher in Korea as compared with Okinawa and Japan. Clinical manifestations of hookworm were quite uncommon.

Ascaris and whipworm existed quite uniformly in all ages over 5 years; the parasite density figures were higher for people over 30 years than for children and young adults.

Females had slightly, but consistently higher rates for all intestinal parasites.

Regardless of occupation, all people were quite uniformly infected with helminths; protozoa were more common in rural groups.

Malaria was detected for about 3% of 534 persons examined.

Although only 57 blood specimens were examined for filariasis, two of those from Cheju Do (island) were positive for Wuchereria malayi. Seno (unpublished findings, 1942-44) found W. malayi in five southeastern Koreans; previously microfilaria from this area had been identified as W. bancrofti.

XIV. Smallpox



Three cases of smallpox have occurred among U. S. Army personnel in Korea recently - two of these were fatal. All had been vaccinated but all such vaccinations were unsuccessful. The needed protection was not given. One of the soldiers who died from smallpox had been vaccinated in February 1949, the record showing immune reaction. He was revaccinated in July 1950; no reaction recorded. He contracted the disease in October 1950. Had either of these vaccinations been properly performed and interpreted, and the procedure repeated until successful this fatal case of smallpox probably would not have occurred. The other two cases had similar vaccination histories. These three cases of smallpox represent failures in vaccination procedures, including failure to vaccinate properly, to interpret results accurately and to revaccinate when indicated.

Smallpox vaccination is described in detail in TB MED 114 and the importance of following the prescribed methods has been stressed in the Surgeon's Circular Letter for January 1949 and September 1950.

The salient points are again presented here:

"Key points of importance in the conduct of successful smallpox vaccination:

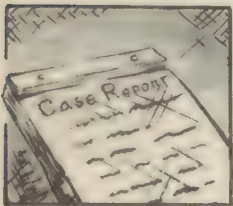
- a. Potent vaccine, insured by--
 - (1) Shipment and storage under proper conditions.
 - (2) Use of vaccine within its expiration date.

- b. Satisfactory vaccination, accomplished by--
 - (1) Proper preparation of the vaccination area.
 - (2) The multiple pressure method of vaccination, correctly executed.
- c. Proper interpretation of the vaccination result.
- d. Recording and certification of the vaccination reaction.
- e. Repetition of all unsuccessful vaccinations."

This disease need not occur in U. S. personnel if smallpox vaccination is properly accomplished.

Smallpox is reported among Korean civilians in areas in which our troops are serving, we must insure successful vaccinations of our personnel.

XV. Case Report of a Possible Leukopenic Reaction of Sulfaguanadine - Capt. Robert Hasson, MC, Headquarters, 14th Field Hospital, APO 301



This 16 year old Korean male Prisoner of War was admitted to the convalescent ward of the 14th Field Hospital on or about 14 October 1950 with a healing shrapnel fragment wound of the right leg. After approximately 1 week of ambulatory treatment the patient became afflicted with bacillary dysentery. He was placed on a routine regime of 9 gms Sulfaguanadine daily in 3 divided doses, 1 tablet hexavitamins TID, 5 mg Thiamine O.D., 1 dram tincture Paregoric TID. After a period of 10 days he was apparently recovered from his dysentery. Two days following his recovery he presented himself before this physician complaining of hematemesis thrice during the course of the day, anorexia, and epigastric pain.

Physical examination at this time revealed a markedly emaciated Korean youth of ashen pallor. He was alert and his movements were well coordinated. His temperature was 100.2 degrees F. His skin was goose pimples over the chest, abdomen, and extremities. The abdomen and chest were otherwise negative.

He was given 15 drops of tincture Belladonna. This was followed by 1 oz of Amphogel. Orders were left to repeat the medication TID PRN. There is no record as to whether the medication was repeated.

The following evening the patient was reported to be quite active by his fellows, perhaps unusually so. He voiced no bodily complaints and there was no report of vomiting. He went to bed and slept without incident. At 0530, 5 November 1950, he woke, this being the usual time for awakening on the ward. He greeted his fellows in a cheerful manner, voluntarily made several remarks and comments appropriate to the occasion and subsequently, suddenly, expired in his bed.

On postmortem examination a fibrinous exudative peritonitis was discovered. The small intestine was perforated in half a dozen places and was adherent to the parietal peritoneum at these sites.

Examination of the gastric mucosa revealed approximately 20 punctate hemorrhagic spots.

A smear of the contents of the small and large intestine revealed numerous cocci and bacilli; a few degenerated leukocytes. The contents had a decidedly purulent appearance. The mucosa, however, was not ulcerated nor acutely inflamed in appearance.

Other postmortem findings were negative. An autopsy of the head was not performed.

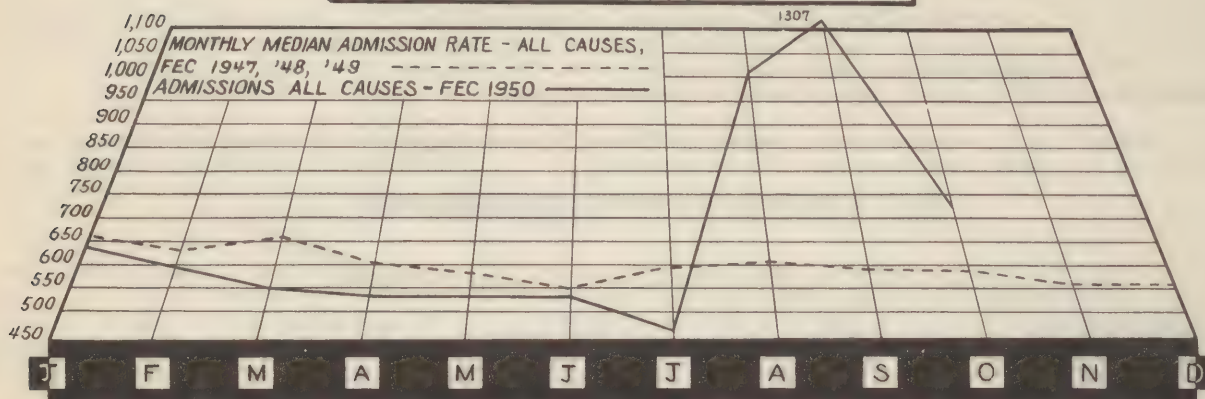
CONCLUSION:

In view of the sudden manner of his death and the autopsy findings, it is felt by this examiner that the patient was a victim of an over-powering generalized multi-form infection secondary to a sulfaguanadine leukopenic reaction.

PART III

STATISTICAL

HEALTH OF THE COMMAND



Admission rates per 1000 troops per annum for the four week period ending 27 October 1950 were as follows:

	FEC	JAPAN	KOREA	MARBO	PHILCOM (AF)	RYCOM
All Causes	730	596	892	348	422	513
Diseases	573	540	639	278	367	467
Injuries	108	56	158	70	55	45
Battle Casualties	50	.76	96	0	0	1.1
Psychiatric	11	11	11	0	3.7	12
Common Respiratory Diseases and Flu	60	57	65	51	40	51
Primary Atypical Pneumonia	1.7	.61	2.2	0	3.7	2.8
Common Diarrhea	22	2.3	41	0	0	1.7
Bacillary Dysentery	.36	.15	.50	0	1.8	0
Amebic Dysentery	0	0	0	0	0	0
Malaria, new	3.0	1.1	4.9	0	0	1.7
Infectious Hepatitis	3.4	2.0	4.6	0	0	4.5
Mycotic Dermatoses	3.3	.30	5.7	0	0	2.2
Rheumatic Fever	.10	.15	.10	0	0	0
Veneral Diseases	104	158	54	12	123	206

All Causes Admission Rate:

In October, the rate of admission to hospital, quarters and dispensary for Army and Air Force personnel of the Far East Command was 730 per thousand strength per year. This represents a decrease from the previous month at which time the rate was 1307. The decrease is attributed primarily to Korea's rate which decreased from 2337 in September to 892 for October. Among the other major commands, RYCOM, whose rate was 513 in October as compared to 570 in September, was the only command to experience a decrease.

The disease component of the all causes rate was 573 in October as compared to 725 in September. For the same period in 1948 and 1949, the rate was 510 and 557 respectively. Here again the decrease is primarily a result of Korea's experience, and that of RYCOM to a somewhat lesser degree. Of the reportable conditions, a notable decrease occurred in the incidence rates of psychiatric disorders, common diarrheas and dysenteries, malaria and fevers of undetermined origin.

A minor decrease was noted in the nonbattle injury rate for the month. The rate was 126 in September and 108 in October, all commands having a decrease with Korea experiencing the greatest decrease.

The Far East Command's battle casualty rate for October decreased from 456 in September to

50. Paralleling the FEC rate for this admission was Korea's decrease from 1066 for September to 96 for October. Consequently, the decreased battle casualty rate was the greatest contributor of the three components (battle casualties, nonbattle injuries and diseases) to the decrease in the all causes rate.

The Far East Command average daily non-effective rate per 1000 troops for October was 29 as compared to 44 for the previous month. RYCOM and MARBO have had no significant change in this rate during the past several months. PHILCOM (AF) is experiencing a continuous decrease as a result of the Philippine Scout patients being discharged. The rate in Korea decreased from 19 for September to 9.5; however, this is not too significant in view of the amount of hospital support given by Japan Logistical Command. The rate in Japan was 66 for October as compared to 84 for September.

Diseases:

Common Respiratory Diseases and Influenza: The rate for common respiratory diseases and influenza increased from 52 in September to 60 in October. This rate is considered very favorable for this season of the year and as compared to rates of 68 and 60 for this command in 1948 and 1949 respectively. RYCOM, whose rate was unusually high in September, decreased from 156 to 51 in October. The other major commands reported minor increases in the incidence of these diseases. Korea's rate of 65 was the highest among the commands and is considered very favorable when compared with the rate of 106 experienced in Korea for the same period in 1948.

Psychiatric: A marked decrease in the rate for psychiatric cases from 56 in September to 11 in October was experienced. This is attributed almost entirely to Korea's drop from 115 in September to 11. The incidence of these conditions in other major commands depicts no significant change during the past months.

Malaria: The rate for new malaria in the Far East Command decreased from 14 for the previous month to 3 for October. This decrease is commensurate with the season and compares favorably with past experience.

Diarrhea and Dysentery: A sharp decline in the incidence of intestinal diseases infections in the Far East Command was noted for the month of October. The rate decreased from 51 in September to 26 in October with all major commands contributing to the decrease. Among the commands the rates for September and October respectively are as follows: Korea 109 and 47, Japan 4.8 and 2.7, RYCOM 20 and 2.8; PHILCOM (AF) 5.7 and 1.8, MARBO 0 and 0.

Poliomyelitis: 16 cases of poliomyelitis with no deaths resulting were reported among occupation personnel of the Far East Command during October. This brings to a total for the year 81 cases with 2 deaths resulting. For the same period in 1949, 84 cases with 3 deaths resulting had been reported.

Encephalitis: The reported occurrence of encephalitis dropped off sharply during the month of October. Fourteen cases with onsets during this month were reported from Korea, 2 from Japan and 3 from RYCOM. As previously reported, principal incidence of encephalitis in the Far East Command this year occurred among troops in Korea. 311 cases clinically diagnosed as encephalitis were reported between 21 July and 15 October. The peak incidence occurred during the week ending 16 September with 91 cases having onsets during that period. A sufficiently large proportion of the reported cases have now been confirmed as Japanese B encephalitis by laboratory tests to indicate that this infection was responsible for the majority of the cases reported. These confirmations have resulted from serological tests, both complement fixation and neutralization, and through isolation of the Japanese B encephalitis virus in a number of instances. The cooperation of the many medical officers concerned in the handling and care of these patients has been extremely helpful in the specific diagnosis of many of these cases and the clinical and epidemiological investigations which have been undertaken in connection with the outbreak.

Venereal Diseases: There was a slight increase in the total venereal disease rate for October from 96 in September to 104. In comparison with the previous month, the following increases were reported: Korea from 33 to 54, Japan from 145 to 158 and PHILCOM (AF) from 60 to 123.

Typhus Fever: No cases of typhus have been reported to date among UN forces in Korea. The disease has, however, made its appearance among Korean civilians both in North and South Korea. About 30 cases were reported among civilians in Kilchu, 14 in Hamhung, 4 in Hungnam and a scattering of cases in various villages in outlying areas. In addition, an unknown number of cases was reported to have occurred among civilians in the Chin-Hae area of South Korea. In none of these situations has there yet been an indication of the occurrence of typhus in epidemic proportions. In general,

the disease appears to be relatively mild with few fatalities resulting. For example, among the 30 cases in Kilchu only 2 deaths were reported. From the information available here at this time, Civil Affairs officials have initiated control measures in each instance where typhus has been reported. The Preventive Medicine Consultant, Medical Section, GHQ, visited the areas referred to in Northeastern Korea and assisted in the initiation of typhus control programs. At the time of this visit (19 through 29 November) there were adequate DDT supplies in that area to meet the control requirements. Because of the confused and difficult logistical situation, there was some shortage in hand and power dusters for dispersal of this material but these shortages were rapidly being corrected. It is of some interest to note that the governmental organization of Korean municipalities lends itself well to an organized typhus control program. The cities are subdivided into villages or Ri with each Ri having a chief or sort of a sub-mayor. The Ri in turn are further subdivided into local neighborhood organizations or Ban. Each Ban which represents 20 to 30 families is again headed by a Ban chief. Thus, it should be possible upon receipt of notification of a case of typhus to effect control through delousing of the patient, his immediate household, the neighborhood or Ban, and subsequently the Ri and eventually, if indicated, the entire city. Such a program, coupled with mass delousing at strategic points in the municipality concerned, to be followed by vaccination of key personnel and later extended as indicated, was recommended for application in the North Korean areas referred to. The execution of this program will, of course, be limited by the facilities, personnel, transportation and equipment available to the Civil Affairs authorities and by the difficulties imposed by the language barrier and other complicating features surrounding work of this type with Korean Nationals. The initiation of early typhus control among civilians may in many instances be, of necessity, the responsibility of military organizations, the ultimate supervision and completion of the program to be turned over to the Civil Affairs authorities as soon as they are in a position to handle the situation.

As the situation now stands, it is believed that there is little danger of typhus fever involving U. S. forces to a significant degree. It is quite likely, however, that the disease may occur in epidemic or semi-epidemic proportions among civilians since such occurrences have been common in Korea for many years.

Miscellaneous: The rate for total pneumonia in the Far East Command of 3.6 is a decrease from the preceding month at which time the rate was 4.1. Korea's rate of 5.1 was the highest among the commands and compares very favorably with the experience in October of 1948 at which time the rate was 8.5. Infectious Hepatitis was reported from the Far East Command with a rate of 3.4 for the month as compared to last month's incidence of 3.9. The incidence for troops in Korea was 4.6 which was the same rate as reported for last month. No cases of trench foot or frostbite were reported during the month of October.

Deaths:

174 deaths were reported by medical treatment facilities in the Far East Command during October. Of these, 114 were among battle casualties, 44 among nonbattle injury cases and 16 resulted from diseases.

Evacuation:

Tabulated below are the number of patients evacuated from the major commands to the ZI during the four report weeks in October and the number of patients awaiting evacuation as of 27 October 1950:



	BY AIR	BY WATER	TOTAL	PNTS AWAITING EVACUATION
JAPAN	1,855	7	1,862*	151
MARBO	9	4	13	0
PHILCOM (AF)	16	0	16	0
RYCOM	47	16	63	25
FEC	1,927	27	1,954	176

(* 1,582 patients originated from Korea.)

Hospitalization:

The bed status as of 27 October 1950 was as follows:

	<u>Bed Capacity</u>		<u>Operating</u>		<u>% Normal Bed</u>	<u>% of Operating</u>
	<u>Normal</u>	<u>Mobilization</u>	<u>Beds</u>	<u>Beds Occupd.</u>	<u>Capacity Occupd.</u>	<u>Beds Occupd.</u>
JAPAN	5,752	8,100	8,100	5,137	89	63
KOREA	1,916		2,110	798	42	38
MARBO	200	200	200	67	34	34
PHILCOM (AF)	1,919	2,405	493	250	13	51
RYCOM	250	300	250	154	62	62
FEC	10,037	11,005	11,153	6,406	64	57

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MEDICAL OFFICERS PROFESSIONAL TRAINING RECORD

In order to protect the interests of those Medical Corps officers whose residency training was interrupted for assignment to the Far East Command, The Surgeon General required that they keep a formal record of their activities while on temporary duty in this command and furnished them a diary which could be used for this purpose. Further, DD Form 408, Medical Officers Professional Training Record, was distributed to these officers with instructions as to its preparation to insure that they receive practice credit for military experience. The importance of this matter was stressed to the surgeons of the major commands in a letter, extract of which is published herein.

"1. Under separate cover copies of DD Form 408, Medical Officers Professional Training Record, are being furnished your office for further distribution to those medical officers who were withdrawn from formal residency training.....to receive practice credit for military experience.

"2. It is requested that these officers be instructed to prepare as careful a record as possible of their assignments while in the FEC and have each assignment authenticated by the Chief of Service and the Commanding Officer of the unit to which assigned. In order to obviate delays, it is very important that such authentication be obtained prior to the departure of these officers from FEC.

"3.

"4. From time to time additional officers may be withdrawn from residencies in the United States and assigned to the major commands in FEC. Prior to leaving the United States some of these officers may be furnished copies of the Medical Officers Professional Training Record; some, however, may not have them. It is therefore recommended that in the future your office give appropriate publicity at various intervals to this important matter, stressing the necessity of the residents having these records properly authenticated prior to their departure from FEC. Additional copies of these records may be obtained from Medical Section, GRQ, FEC, upon request."

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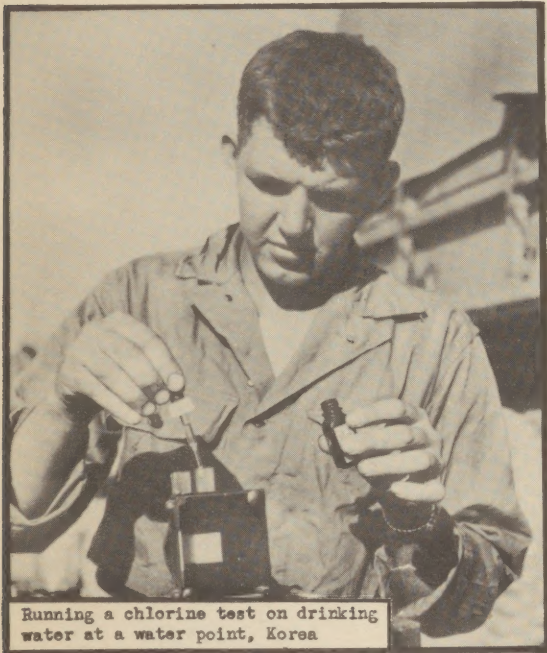
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One of the first whole blood shipments from U.S. to be stored in Yokohama Med Depot for shipment to Korea as needed



Lab technicians study slides - 121st Evac Hosp, Yongdong-Po, Korea



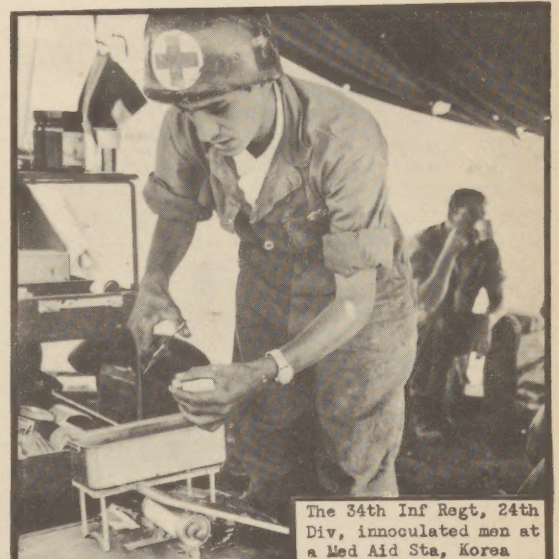
Running a chlorine test on drinking water at a water point, Korea



Field lab technician checking blood types - Korea



Med aid men, 5th Cav Regt, 1st Cav Div, have their own "operations needles", Waegan, Korea



The 34th Inf Regt, 24th Div, inoculated men at a Med Aid Sta, Korea

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Original



The Chief Surgeon extends an invitation to all personnel of the Medical Department to prepare and forward, with view to publication, articles of professional or administrative nature. It is assumed that editorial privilege is granted. Copy should be forwarded so as to reach the Medical Section, GHQ, FEC, not later than the 10th of the month preceding the issue in which publishing is desired.

Major Vincent I. Hack, Editor